

Instructor Application
For CAREGIVER TRAINING
Home and Community Services
(Revised 10/10/2005)

The Instructor Application is only one part of the application process required for a person or business to provide HCS caregiving classes. The Memorandum of Understanding (MOU) and Training Administrator Application must also be submitted **and approved** by HCS prior to scheduling or offering classes.

If you wish to be the instructor and the administrator, please complete both applications.

Send completed applications to:

TCDU
DSHS/ADSA
PO Box 45600
Mail Stop 45600
Olympia, WA 98504-5600

Name:

Address:

City: Zip Code: County:

Telephone: FAX:

E-mail address:

Please check the classes you want to teach.

- ☐ Revised Fundamentals of Caregiving
- ☐ Modified Fundamentals of Caregiving Self-Study
- ☐ Fundamentals of Caregiving: Alternate Curriculum: ☐
- ☐ Nurse Delegation Training for Nursing Assistants: Self-Study

Who is the Training Administrator for these classes?

Professional License

Are you registered with the Washington State Department of Health? Yes ☐ No ☐

If yes, please write down what kind of license it is

License number? Expiration date

Is your professional license encumbered or otherwise limited due to disciplinary or other actions?

Yes ☐ No ☐ If yes, please describe:

Part I.

INSTRUCTIONS: List experience in teaching adults in classroom settings. Classroom teaching is defined as teaching 3 or more students.. **We require documentation of 100 hrs of teaching adults in classroom settings** within the last ten years on topics directly related to the basic training or 40 hours of teaching while being mentored by an instructor who meets these qualifications and attend a class in adult education that meets the requirements of WAC 388-112-0400. Do not include one-on-one teaching, classes with less than 3 students or conference presentations.

1.	Employer	Employer's Address				Employer's Phone Number (include area code): () -		
Your Title		Months Employed In this Position			Months Teaching in this position			
		From:	To:	Total Months	Avg. hrs per month teaching	Total months teaching	Total hrs teaching for all months	
Immediate Supervisor's Name		May we contact employer for reference? Yes/No			Avg. Class Size Taught			
Describe teaching experience below:								
Kind of Class (College nursing clinical, CPR, CNA course, etc)	Number of students	From: (Date)	To (Date)	Total Class Hours	Subjects Taught			

2.	Employer	Employer's Address				Employer's Phone Number (include area code): () -		
Your Title		Months Employed In this Position			Months Teaching in this position			
		From:	To:	Total Months	Avg. hrs per month teaching	Total months Teaching	Total hrs teaching for all months	
Immediate Supervisor's Name		May we contact employer for reference? Yes/No			Avg. Class Size Taught			
Describe teaching experience below:								
Kind of Class (College nursing clinical, CPR, CNA course, etc)	Number of students	From: (Date)	To (Date)	Total Class Hours	Subjects Taught			

3.	Employer	Employer's Address				Employer's Phone Number (include area code): () -		
Your Title		Months Employed In this Position			Months Teaching in this position			
		From:	To:	Total Months	Avg. hrs per month teaching	Total months Teaching	Total hrs teaching for all months	
Immediate Supervisor's Name		May we contact employer for reference? Yes/No			Avg. Class Size Taught			
Describe teaching experience below:								
Kind of Class (College nursing clinical, CPR, CNA course, etc)	Number of students	From: (Date)	To (Date)	Total Class Hours	Subjects Taught			

4.	Employer		Employer's Address		Employer's Phone Number (include area code): () -	
Your Title		Months Employed In this Position			Months Teaching in this position	
		From:	To:	Total Months	Avg. hrs per month teaching	Total months Teaching
Immediate Supervisor's Name		May we contact employer for reference? Yes/No			Avg. Class Size Taught	
Describe teaching experience below:						
Kind of Class (College nursing clinical, CPR, CNA course, etc)	Number of students	From: (Date)	To (Date)	Total Class Hours	Subjects Taught	

Part II.

INSTRUCTIONS. List paid work experience within the last 5 years in adult family homes, boarding homes, and in-home settings. Attach separate sheet(s), if necessary. **We require one year full time professional work experience in one or more of the three settings.** Do not include experience from more than 5 years prior to the date of this application or hospital or nursing home experience. For employers already listed in Part I, complete the "Employer" space (upper left) and the "Specific duties" space (lower left). Leave the other spaces blank.

1.	Employer		Employer's Address		Employer's Phone Number (include area code): () -	
Your Title:		Months & Years Employed In this Position:				
		From:	To:	Hrs/wk:	Total months employed:	
Immediate Supervisor's Name		May we contact employer for reference? Yes/No				
Specific Duties:						

2.	Employer		Employer's Address		Employer's Phone Number (include area code): () -	
Your Title:		Months & Years Employed In this Position:				
		From:	To:	Hrs/wk:	Total months employed:	
Immediate Supervisor's Name		May we contact employer for reference? Yes/No				
Specific Duties:						

3.	Employer		Employer's Address		Employer's Phone Number (include area code): () -	
Your Title:		Months & Years Employed In this Position:				
		From:	To:	Hrs/wk:	Total months employed:	
Immediate Supervisor's Name		May we contact employer for reference? Yes/No				
Specific Duties:						

4.	Employer	Employer's Address	Employer's Phone Number (include area code): () -
Your Title:		Months & Years Employed In this Position:	
		From:	To: Hrs/wk: Total months employed:
Immediate Supervisor's Name		May we contact employer for reference? Yes/No	
Specific Duties:			

Part III. EDUCATION

INSTRUCTIONS: List post high school training, including college and other relevant education. If more space is needed, copy this blank form or attach additional sheets.

School Name and Location	Month and Year Attended				Credits Earned			Major	Type of degree awarded	Year Degree Received
					Qtr.	Smstr	Other (Specify)			
	From		To							
	From		To							
	From		To							
	From		To							
	From		To							
	From		To							

Part IV.

INSTRUCTIONS: Please answer the questions below. Attach a separate sheet(s), if necessary.

1. We believe that giving students an active role in the learning process is essential. Name 3 specific methods you use to accomplish this. Briefly describe each method and give an example of when you used it effectively.

Method One: Description: Example:
Method Two: Description: Example:

**Method Three:
Description:**

Example:

2. Describe your classroom experience (i.e. teaching 3 or more students at the same time) teaching adults with the characteristics/conditions named below. *Be careful to give complete information.*

2A. Students with varying amounts of education in the same class at the same time.

# of classes	Typical class size	Date classes began/ended		Total hours for all classes	Reference		Subjects Taught:
		From:	To:		Name	Phone number:	
Describe the situation:							
Describe what made it successful:							

2B. Fearful learners, re-entry students, and/or resistant learners.

# of classes	Typical class size	Date classes began/ended		Total hours for all classes	Reference		Subjects Taught:
		From:	To:		Name	Phone number:	
Describe the situation:							
Describe what made it successful:							

2C. English as a second language

# of classes	Typical class size	Date classes began/ended		Total hours for all classes	Reference		Subjects Taught:
		From:	To:		Name	Phone number:	
Describe the situation:							
Describe what made it successful:							

2D. Literacy Issues

# of classes	Typical class size	Date classes began/ended		Total hours for all classes	Reference		Subjects Taught:
		From:	To:		Name	Phone number:	
Describe the situation:							
Describe what made it successful:							

2E. Use of interpreters

# of classes	Typical class size	Date classes began/ended		Total hours for all classes	Reference		Subjects Taught:
		From:	To:		Name	Phone number:	
Describe the situation:							
Describe what made it successful:							

3. Have you ever been an unpaid caregiver to adults? If so, please describe below.

Relationship (mother, father, friend, etc)	Total Hours Per Month	Total Months	From (Date)	To: (Date)	Reference		
					Name:	Telephone :	

Please Describe:

4. Please describe what knowledge and skills you think caregivers need to do a good job?

5. Describe any business relationship(s) (ie. employee, contractor, vendor etc.) that you have with Washington State government or Area Agency on Aging currently or in the past.

- Type of relationship (employee, contractor, vendor, other (specify):
- Name of governmental entity:
- Contact person's name:
- Contact person's phone number:
- Date relationship started:
- Date relationship ended:

SIGN HERE:

DATE:

DATE AND SIGN

**TO BE ACCEPTED, YOU
MUST SIGN AND DATE
THIS APPLICATION.**

All answers and statements are true and complete to the best of my knowledge. I understand that the state may verify information, and that untruthful or misleading answers are cause for rejection of this application.